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Under the Peperson Reduction Act of 1996, no persons are required to respond to a collection of information unless & displays a walld CMS control number. PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 Effective December 8, 2004 OTHER THAN APPLICATION AS FILED - PART I OR SMALL ENTITY SMALL ENTITY (Column 1). (Column 2) FEE (1) MUMBER FLED NUMBER EXTRA RATE (\$1 FOR RATE (S) FEE (4) 300.00 BASIC FEE 150.00 NIA NIA NA NZA (3) CFR 1 18(4) (b) a (c)) SEARCHFEE \$500 \$250. NIA NA N/A N/A (37 CFR 1 16(4, 14.44 [41] **EXAMINATION FEE** N/A \$200 NA \$100 N/A · N/A (27 CFR 1 16(d. U). or (d) TOTAL CLARAS X\$50 X\$ 25 crossa 20 · Q7.CFR 1 16(6) INDEPENDENT CLAIMS X100 X200 minus 3 = (3) OFR 1 16(N) If the specification and drawings exceed 100 sheets of paper, the application size fee due APPLICATION SIZE is \$250 (\$125 for small entity) for each (07 OFR 1 16(4)) additional 50 sheets or fraction thereof. See 35 U.S.C. 41(e)(1)(G) and 37 CFR 1.16(s) +160= **+360**• MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1 16(1)) TOTAL . TOTAL " If the difference in column 1 is less than zero, enter "O" in column 2. APPLICATION AS AMENDED - PART II OTHER THAN OR (Column 3): SMALL ENTITY (Column 2) SMALL ENTITY (Column 1) HIGHEST CLAMS PRESENT RATE (S) RATE (5) ADDI-REMAINING MIMBER 11/62 EXTRA TIONAL TIONAL AFTER PREVIOUSLY 165 FEE (5) FEE (I) AMENDMENT PAID FOR Total Minus X\$50 X\$ 25 Minus X100 X200 OR Application Stre Fee (37 CFR 1.16(s)) +360= +180= PRIST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (D7 CFR 1.160) OR TOTAL TOTAL OR ADD'L FEE ADD'L FEE (Column 2) (Cotumn 3) (Caluma 1) CLAIMS HIGHEST PRESENT RATE (\$) ADDI-NUMBER RATE (S) ADDI-REMAINING TIONAL **EXTRA** TIONAL PREVIOUSLY AFTER. FEE (\$) AMENDMENT FEE (S) PAID FOR Total or ora Lucu Minus X\$ 25 . X\$50 Minus X200 X100 OR Application Size Fee (37 CFR 1.16(s)) +360± PREST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (97 OFR 1.160) +180= OR TOTAL TOTAL OR ADO'L FEE ADD'L FEE . If the entry in column 1 is less than the entry in column 2, write "I in column 3. will be "Righest Number Previously Paid For" IN THES SPACE is less than 30, enter "20".

"If the "Righest Number Previously Paid For" IN THES SPACE is less than 3, enter "20".

"If the Trighest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Is collection of Information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the PTO to process) as application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete.

The Trighest Number Proviously Paid For' (Total or Independent) is the highest number found in the appropriate box in column 1.

Is collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the PTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, buding gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Intermation Officer, U.S. Patent I Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS DRESS, SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.